· M	ISSC	OUF	Į.	D۱۱	ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH = 62-017906				
DO NOT WRITE AMENDED					Registration District No. 100 Primary Registration District No. 4021 Registrat's No. 128 STATE FILE NUMBER				
VS 300 Rev. 4/59	TE AMENDED				1. PLACE OF DEATH a. COUNTY AUdrain b. CITY (If outside corporate limits, give TOWNSHIP only) CR TOWN Jadonia c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OF HOSPITAL OF Inside Limits 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE Do. CCUTY OR TOWN Jadonia Length of stey in 1b OR TOWN J.addonia Limits 42Years 4. STREET ADDRESS (If outside, give location) Reside of ADDRESS	Limits No on Farm			
20040	DATE	_ _	-		INSTITUTION IN His Home Yes No Yes No Yes 3. NAME OF DECEASED First Middle Last 4. DATE Month Day				
3					3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) Brice John Flynn DEATH 5 30 196	Year 2			
5 1						ER 24 HR Min.			
6	FOLLOWS				10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 1. BIRTHPLACE (City and state or country) 1. CITIZEN OF WHAT CO Tarmer 1. Incoln County Mo. USA 1. NAME OF HUSBAND OR WIFE	UNTRY			
آ ه 8				į	Patric Flynn Serena Elder Ruth Flynn				
94001	AKE AS			N	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wer or dates of servic NO. 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	ETWEEN DEATH			
11 1290 - 2	HIS KECUKU NSTEAD OF			DOCUMEN	Conditions, if any, which gave rise to above cause (a),	<u> </u>			
132-0	5 =		+-		stating the underlying cause last. DUE TO (c) Underwood Contribution TO DEATH but not related to the terminal PART III. If deceased was fem	ale was			
	<u>م</u> ا				disease condition given in PART I (a)				
0	NOWEN				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO	B.)			
USE BLACK INK OR YPEWRIJER RIBBON	AME				20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.				
			-	` .	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, with the property of the place of the pla	STATE			
	LD READ	3		- 1	21. I attended the deceased from 30 1962 and last saw him alive on 30 1962 and last saw him alive on 30 1963. Peath occurred at 11.45 Peath occurred at 11.45	d.			
USE TYPEW	SHOULD	. •		VIT OF	C. W. Linday D.O. Gaddania, Mr. 5-3				
B	N O			AFFIDA\	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State Emoval (Specify) Burial 6-2-1962 Hemorial Garden Mexico, Mo. 24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25.	,			
6	ITEM			BY A	24. FUNERAL DIRECTOR Wilkey Bienhoff Laddonia, Mo. May 31-1962 Blanche Meely				
					 (Licensed Embalmer's Statement on Reverse Side) 				

Permes oblains

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
by	, Student Embalmer No.
orking under my personal supervision.	001.04.01
udentSignature of Student Embalmer	Signed lyde C. Wilkey
. •	Licensed Embalmer-No. 3826
	P.O. Address Trry
•	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.